

State of Wisconsin  
 Department of Natural Resources  
 Wisconsin Lakes Partnership

**Mussel Veliger Tow Monitoring Report**  
 Form 3200-135 (R 02/10)

The purpose of this form is to track the presence/absence of zebra or quagga mussel larvae (veligers) collected using a plankton net during AIS surveillance monitoring.

Notice: Information on this voluntary form is collected under ss. 33.02 and 281.11, Wis. Stats. Personally identifiable information collected on this form will be incorporated into the DNR Surface Water Integrated Monitoring System (SWIMS) Database. Personally identifiable information collected on this form will be incorporated into the DNR aquatic invasive species database. It is not intended to be used for any other purposes, but may be made available to requesters under Wisconsin's Open Records laws, ss. 19.32 - 19.39, Wis. Stats.

Primary Data Collector			
Name TY KRZEWUSKI	Phone Number 715 994-4473	Email TY.KRZEWUSKI@WI.GOV	
Monitoring Location			
Waterbody Name N. TWIN LAKE	WBIC 2194000	County TAYLOR	Township Name
Date and Time of Monitoring			
Start Date 8/21/2015	Start Time 12:30	End Date (= Start Date) 08/21/2015	End Time 12:50
Monitoring Results			
Guidelines for how many tows to collect: If Secchi depth is >4 m (13 feet) take two 2m deep tows; if Secchi depth is between 2-4 m (6.5-13 feet) take one 2m deep tow; if Secchi depth is <2 m (<6.5 feet) take one 1m tow.			
Diameter of zooplankton net opening 30cm (50cm) other _____ (circle one)			
Site 1: Latitude (optional): 45.29319°N	Longitude (optional): 090.44168°W	<input checked="" type="checkbox"/> Preservative Added	
Secchi depth (m) 4'	Number of net tows 1	Depth of tows (m) 4m	
Site 2: Latitude (optional):	Longitude (optional):	<input type="checkbox"/> Preservative Added	
Secchi depth (m) _____	Number of net tows _____	Depth of tows (m) _____	
Site 3: Latitude (optional):	Longitude (optional):	<input type="checkbox"/> Preservative Added	
Secchi depth (m) _____	Number of net tows _____	Depth of tows (m) _____	
<input checked="" type="checkbox"/> Have you consolidated all of your samples into one composite bottle?			
<input type="checkbox"/> Have you sent your samples to the DNR Plymouth Service Center?			
COMMENTS/OBSERVATIONS:			
For DNR staff to fill out			
Volume of sample that was analyzed (ml)		Date analyzed	
Name of plankton sample analyst:			
Name of person or museum who identified the voucher specimen:			
Did the samples contain zebra mussel veligers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you entered the results of the samples in SWIMS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DNR staff: Please enter voucher information for new AIS findings into SWIMS under the Incident Report Project for your county (Choose Incident Report Form in SWIMS). Enter date of sampling for "Start Date", Person who identified specimen as "Data Collector", and Monitoring location as "Station".			

→ MEADLER PORTION OF SAMPLES COLLECTED FOR ANALYSIS

The purpose of this form is to track the presence/absence of spiny or fishhook water fleas collected using a plankton net during AIS monitoring.

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Primary Data Collector			
Name <b>TY KRASEWSKI</b>	Phone Number <b>715-964-4473</b>	Email <b>TY.KRASEWSKI@WIS. GOV</b>	
Monitoring Location			
Waterbody Name <b>N. TWIN LAKE</b>	WBIC <b>2A4000</b>	County <b>TAYLOR</b>	Township Name
Date and Time of Monitoring			
Start Date <b>8/21/2015</b>	Start Time <b>12:10</b>	End Date (= Start Date) <b>8/21/2015</b>	End Time <b>12:50</b>
Monitoring Results			
Method used: <input checked="" type="checkbox"/> horizontal tows (near surface) <input type="checkbox"/> oblique tows (thermocline to surface) <input type="checkbox"/> vertical tows (bottom to surface)			
Diameter of plankton net opening 30cm <input checked="" type="checkbox"/> 50cm other _____ (circle one)			
Site 1: Latitude (optional): <b>45.29349° N</b>	Longitude (optional): <b>090.49168° W</b>		<input type="checkbox"/> Preservative Added
Secchi depth (m) <b>4'</b> (optional)	Depth sampled (if vertical or oblique tow) _____ ft/m circle one		
Site 2: Latitude (optional): <b>//</b>	Longitude (optional): <b>//</b>		<input type="checkbox"/> Preservative Added
Secchi depth (m) <b>4'</b> (optional)	Depth sampled (if vertical or oblique tow) _____ ft/m circle one		
Site 3: Latitude (optional): <b>//</b>	Longitude (optional): <b>//</b>		<input type="checkbox"/> Preservative Added
Secchi depth (m) <b>4'</b> (optional)	Depth sampled (if vertical or oblique tow) _____ ft/m circle one		
<input checked="" type="checkbox"/> Have you consolidated all of your samples into one composite bottle?			
<input type="checkbox"/> Have you sent your samples to the DNR Plymouth Service Center?			
During this monitoring trip, did you find what you suspect are Spiny or Fishhook Waterfleas in this waterbody? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Voucher Sample			
If you found Spiny or Fishhook Water fleas, did you collect a voucher specimen and bring it to your local DNR office? If so, which office?			
<input type="checkbox"/> Rhinelander	<input type="checkbox"/> Spooner	<input type="checkbox"/> Green Bay	<input type="checkbox"/> Oshkosh <input type="checkbox"/> Did not take sample to a DNR office
<input type="checkbox"/> Fitchburg	<input type="checkbox"/> Waukesha	<input type="checkbox"/> Eau Claire	<input type="checkbox"/> Superior <input type="checkbox"/> Other Office: _____

*If you find Spiny or Fishhook Water Fleas*

Please bring a copy of this form, along with a voucher specimen and if possible, a map showing where you found the suspect waterfleas to your regional Citizen Lake Monitoring Coordinator at the DNR. All initial discoveries should be placed in rubbing alcohol until verification by an expert is obtained.

*If you don't Find Spiny or Fishhook Water Fleas*

If you submit your data online, that is all you need to do. Otherwise, please mail a copy to your regional DNR Citizen Lake Monitoring coordinator. <http://dnr.wi.gov/lakes/contacts>

For DNR staff to fill out	
Volume of sample that was analyzed (ml)	Date analyzed
Name of plankton sample analyst:	
Name of person or museum who identified the voucher specimen	
Was the specimen confirmed as...?	
Spiny Waterflea? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fishhook Waterflea? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you entered the results of the voucher in SWIMS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DNR staff: Please enter voucher information for new AIS findings into SWIMS under the Incident Report Project for your county (Choose Incident Report Form in SWIMS). Enter date of sampling for "Start Date", Person who identified specimen as "Data Collector", and Monitoring location as "Station".	